

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FO [REDACTED] WITH FORM PTO-875)

SERIAL NO.

10/530555

FILING DATE

APPLIC [REDACTED]

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		5		1		
7		5		1		
8		5		1		
9	1		1			
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		7	←		←
TOTAL CLAIMS		█	9	█		█

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		█		█		█